

Case Number:	CM13-0051953		
Date Assigned:	12/27/2013	Date of Injury:	12/19/2011
Decision Date:	04/25/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine, and is licensed to practice in New York. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 54-year-old female who was injured on December 19, 2011. The patient continued to experience pain in her left ankle, left shoulder, left knee, and right shoulder. Physical examination was notable for bilateral shoulder pain at extreme abduction and flexion, diminished pinprick sensation in the C6 dermatome and all digits of both hands, decreased range of motion to the left ankle and medial and lateral joint line tenderness to the right ankle. Diagnoses included rotator cuff tendonitis bilaterally, bilateral carpal tunnel syndrome, status post calcaneal fracture of the left foot, and status posts sprain/strain of the right knee. Treatment included behavioral therapy, acupuncture, physical therapy, chiropractic therapy, medication, and wrist splints. The patient had been receiving cognitive behavior therapy at least once weekly since at least April, 2012. Requests for authorization for cognitive behavioral therapy were submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

COGNITIVE BEHAVIOR THERAPY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Behavioral Interventions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Page(s): 23.

Decision rationale: Behavioral interventions are recommended. ODG guidelines cognitive behavioral therapy (CBT) for chronic pain are that an initial trial of 3-4 visit over 2 weeks to determine evidence of objective functional improvement. If functional improvements occurs, then a total of 6-10 visits is recommended over 5-6 weeks. In this case the patient had been receiving treatments at least once weekly since April 2012. There is no evidence of objective functional improvement. On July 15, 2013 the patient continues to experience persisting pain and improved sleep with medications. In addition the number of treatments surpasses the number recommended in MTUS. The request should not be authorized.